

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PERMANENT MAGNET MOLDING  
APPARATUS

Attorney Docket Number:: 033318-013

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 16

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yoshikazu

Middle Name::

Family Name:: UGAI

Name Suffix::

City of Residence:: Tokyo

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,  
Marunouchi 2-chome, Chiyoda-ku

City of Mailing Address:: Tokyo

State or Province of Mailing

Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 100-8310

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Taizo

Middle Name::

Family Name:: IWAMI

Name Suffix::

City of Residence:: Tokyo

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,  
Marunouchi 2-chome, Chiyoda-ku

City of Mailing Address:: Tokyo

State or Province of Mailing Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 100-8310



Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Yuji  
Middle Name::  
Family Name:: NAKAHARA  
Name Suffix::  
City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,  
Marunouchi 2-chome, Chiyoda-ku  
City of Mailing Address:: Tokyo  
State or Province of Mailing Address::  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 100-8310

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Yasuo  
Middle Name::



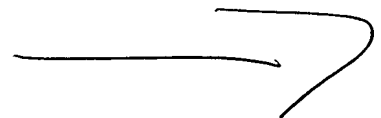
Family Name:: OZEKI  
Name Suffix::  
City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Mitsubishi Denki Kabushiki Kaisha, 2-3,  
Marunouchi 2-chome, Chiyoda-ku  
City of Mailing Address:: Tokyo  
State or Province of Mailing  
Address::  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing  
Address:: 100-8310

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839



### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/JP03/04951	04/18/03

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2002-121528	04/24/02	Yes

### **Assignee Information**

<b>Assignee Name::</b>	Mitsubishi Denki Kabushiki Kaisha
<b>Street of Mailing Address::</b>	2-3, Marunouchi 2-chome, Chiyoda-ku
<b>City of Mailing Address::</b>	Tokyo
<b>State or Province of Mailing Address::</b>	
<b>Country of Mailing Address::</b>	Japan
<b>Postal or Zip Code of Mailing Address::</b>	100-8310